

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/517692

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>1</i>					
2		<i>1</i>				
3		<i>1</i>				
4		<i>1</i>				
5		<i>1</i>				
6		<i>2</i>				
7		<i>2</i>				
8		<i>2</i>				
9		<i>2</i>				
10		<i>1</i>				
11		<i>1</i>				
12		<i>1</i>				
13		<i>1</i>				
14		<i>1</i>				
15		<i>1</i>				
16		<i>1</i>				
17		<i>1</i>				
18	<i>1</i>					
19	<i>1</i>					
20		<i>1</i>				
21		<i>1</i>				
22		<i>1</i>				
23		<i>1</i>				
24		<i>1</i>				
25		<i>1</i>				
26		<i>1</i>				
27		<i>1</i>				
28		<i>1</i>				
29		<i>1</i>				
30		<i>1</i>				
31		<i>1</i>				
32		<i>1</i>				
33		<i>1</i>				
34		<i>1</i>				
35		<i>1</i>				
36		<i>1</i>				
37	<i>1</i>					
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49						
50						
TOTAL IND.	<i>4</i>	↓		↓		↓
TOTAL DEP.	<i>37</i>	←		←		←
TOTAL CLAIMS	<i>41</i>					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						